General Practice Prevocational Education and Training Standards for Regional Training Providers

September 2011, Version 3
Acknowledgments

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- ACRRM Standards for Regional Training Providers Recognition
- CETI Standards of Education, Training and Supervision for Prevocational Trainees and Post AMC Supervised Training (Version 4.3)
- CPMEC, Prevocational Medical Accreditation Framework 2009
- GPET, PGPPP (Practice) Guidelines for the Supervision and Training of Doctors in the Prevocational General Practice Placement Program, November 2010
- RACGP Companion for Standards for General Practice Education and Training Programs and Providers 2005
- RACGP Standards for General Practice Education and Training Programs and Providers 2005
- PMCQ, Accreditation Standards, June 2008
- SA IMET, Accreditation Standards, Version 1, June 2010

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Definitions

**Accreditation** A self-assessment and external peer review assessment method to assess performance against the Standards with the aim of continuously improving prevocational education and training.

**ACRRM** Australian College of Rural and Remote Medicine.

**Clinical Education and Training Institute (CETI)** CETI leads, facilitates and builds sustainable capacity to achieve better health through education, training and development of a clinical workforce in NSW. One of CETI’s core functions is to set standards and accredit institutions for prevocational education and supervision, and coordinate clinical training networks.

**Criteria** Objectives that must be achieved by a Regional Training Provider in order to meet the Standards.

**Director of Prevocational Education and Training (DPET)** A medical practitioner nominated by the Regional Training Provider and approved by CETI. The DPET leads the clinical education and training of prevocational trainees and acts as an advocate for trainees.

**General Clinical Training Committee (GCTC)** Each feeder hospital has a GCTC that meets at least quarterly to exercise their advisory and operational functions. These functions include the development, implementation, monitoring and evaluation of a range of clinical education activities, such as orientation, training and education programs as well as reviewing the clinical terms, DPETs and supervisors.

**GP supervisor** The GP supervisor is a general practitioner with designated responsibility for orientation, supervision, clinical training and performance assessment of prevocational trainees in the clinical setting. The GP supervisor must meet the GP supervisor requirements of their respective College.

**Guidelines** Objectives and statements that may help a Regional Training Provider meet or understand the Standards.

**Network Committee Meeting** A regular meeting of the Network Committee, attended by trainee representatives, DPETs and JMO management and Director of Medical Service representatives. The purpose of the committee is to support the efficient running of training in a fair and transparent manner and to develop safe, high quality training of prevocational trainees through good governance and management of the training program based in the network.

**Prevocational education and training program (PETP)** The training program for prevocational trainees provided in partnership by the hospital and general practice. It provides experiential learning, clinical based training, a region wide training program and professional development opportunities.

**Prevocational trainee** A medical officer in the first or second postgraduate year (PGY1 or PGY2) of clinical general practice.

**RACGP** Royal Australian College of General Practitioners.

**Regional Training Provider (RTP)** An organisation that provides general practice education and training within a specific geographic region and funded by General Practice Education and Training PTY LTD (GPET).

**Standards** Specific objectives for accreditation as a Regional Training Provider to provide education and training to prevocational trainees.

**Survey** Where a team of surveyors from CETI gathers to assess evidence relating to the standards. The team includes clinicians, medical administrators and junior medical officers. The survey process can involve a site visit and telephone interviews.

**Trainer** A recognised general practitioner with delegated responsibility from a GP supervisor to supervise and train a prevocational trainee.
Introduction

The education and training of prevocational trainees in a general practice setting is a collaborative program undertaken by Regional Training Providers, general practices and feeder hospitals. The role of the Clinical Education and Training Institute (CETI) is to set the standards for training in relation to both clinical experience and the leadership and governance of the education and training program. CETI recognises the significant experience of the parties involved in terms of registrar training, and seeks to build on this success.

This document sets out the standards for Regional Training Providers, which have been developed with reference to other accreditation standards and in consultation with the Regional Training Providers themselves. It also provides information that supports the standards and clearly sets out the expectations CETI has in terms of how the standards will be met. These standards set the benchmark to ensure that a high quality Prevocational Education and Training Program is delivered in the general practice setting.

The Standards for Regional Training Providers should be read and understood in conjunction with the partner document that sets out the standards for general practices and GP supervisors (General Practice Prevocational Education and Training Standards for General Practices and GP Supervisors).

Prevocational Education and Training Program

The goals of the prevocational education and training program are to:

- Provide trainees with the knowledge, skills and supervision to provide quality patient care
- Provide a wide range of educational and training opportunities that develops safe and competent trainees
- Promote trainees’ welfare and interests

The components of the prevocational education and training program are graphically represented below. Regional Training Providers are responsible for leadership and governance of the whole program within the general practice context and providing access to a region wide formal education program.
How to Use This Document

The basic structure of the document is outlined below.

**Standard**
This is a statement against which the Regional Training Provider must assess itself. During survey visits, the Regional Training Provider will be tested against this statement.

**Purpose**
This is a high level statement that explains the intent of the standard. This statement will help the Regional Training Providers and assessors to understand what the standard is seeking to achieve.

**Criteria**
The Criteria are actions that must be undertaken by the Regional Training Provider in order to meet the standard. Where the Regional Training Provider is judged not to have completed a specific requirement this will indicate that they have not met the Standard.

**Guidelines**
Guidelines are provided for two purposes. In the first instance, they will help to clarify the Standard and criteria.

Secondly, and equally importantly, they provide direction on how the Standards and Criteria can be met. For example, where a Standard contains the word ‘appropriate’, the guidelines have the function of explaining what ‘appropriate’ would mean. The guidelines allow for flexibility and Regional Training Providers can employ alternative methods to meet the Standard or criteria.

**Indicators**
The indicators sections set out how the standard will be assessed, including what feedback should be sought and what evidence should be sighted. The evidence and feedback listed in this section is indicative of the kind of information that should be supplied.

**Standard Mapping**
This section sets out the relationship with other relevant accreditation standards.

**Accreditation**
CETI ensures the standards are met by accrediting Regional Training Providers as well as general practices and GP supervisors. Accreditation ensures the standard of training is universally high with suitable role models, clinical experience, supervision, training, resources and facilities. The accreditation of general practice is collaborative and it involves working with all concerned to improve training for prevocational trainees.

Regional Training Providers must be provisionally accredited before a prevocational trainee commences in an associated, accredited general practice. The process of provisional accreditation begins with the Regional Training Provider providing CETI with a self-assessment that sets out how they will meet the standards. Based on this information the Prevocational Accreditation Committee will make a decision about provisional accreditation.

Accreditation of three years can be granted following 12 months of provisional accreditation and a survey. During a survey, CETI collects evidence of compliance with the standards and feedback from trainees, GP supervisors, feeder hospitals and Regional Training Providers. This information is collated and provided to the Prevocational Accreditation Committee for an accreditation decision.
The accreditation process has several key steps:

- Self assessment against the standards
- Region wide visit by CETI appointed survey team
- Report on the application of standards by the Regional Training Provider

If all standards are met the Regional Training Provider is awarded with accreditation of up to three years. If standards are not met, CETI will prepare conditions (proviso) and award accreditation pending compliance with the conditions.

The Clinical Education and Training Institute

CETI is recognised by the Medical Board of Australia, NSW Department of Health and ACT Health as responsible for maintaining training standards for prevocational trainees in NSW and the ACT. As part of its core function, CETI accredits training facilities, training providers and the placements within the facilities to ensure high standards of training, education and welfare for all prevocational trainees employed by NSW and ACT Health.
Standards

Standard 1

The Regional Training Provider coordinates an integrated general practice prevocational education and training program.

Purpose

The intention of this standard is to ensure the training structure provides a range of clinical experiences and incorporates aspects of the Australian Curriculum Framework for Junior Doctors that are relevant to the trainees’ learning needs.

Criteria

• The Regional Training Provider develops clearly documented learning objectives which are both relevant to general practice and aligned with the Australian Curriculum Framework for Junior Doctors.
• The program provides appropriate and balanced clinical exposure and non-clinical educational opportunities.
• The Regional Training Provider forward the trainees’ Progress Review Forms collected from general practices to feeder hospitals.

Guidelines

• The Regional Training Provider’s role in this context is to coordinate the integrated education and training program for the ten week term.
• The program would be developed based on educational concepts and principles including:
  • emphasis on experiential learning and focus on translating university learning to work performance
  • recognition that the trainees are adult learners with prior learning and experiences
  • supportive of different learning styles
  • integrated with undergraduate and vocational training
  • encouragement of trainees to undertake professional development throughout their career so knowledge and skills continue to develop

Indicators

Feedback

• Discussion with RTP management and staff about the learning objectives, including how they were developed
• Feeder hospitals report receiving progress review forms from RTPs

Evidence

• Copies of the learning objectives documentation
• Documentation of the education and training program that demonstrates how it aligns with the standard
• Documentation providing evidence of satisfaction with clinical experiences and teaching program

Standard Mapping

ACRRM standards for Regional Training Providers Recognition: Standard 5, 7
RACGP standards for General Practice Education and Training Programs and Providers: P1-P4, P7-P10, P11-P14
Prevocational Medical Accreditation Framework Governance Standards: 4
Prevocational Medical Accreditation Framework Training and Education Standard: 2
CETI Criterion: 2.2.1, 2.1.3, 2.4.3, 2.5.1, 2.5.2, 2.6.1
Standard 2

The Regional Training Provider has an organisational and integrated governance structure that supports the provision and quality of the general practice prevocational education and training program.

Purpose
The intention of this standard is to ensure that a high quality prevocational education and training program is provided to prevocational trainees.

Criteria

Organisational Structure
• The prevocational education and training program is incorporated into the Regional Training Provider’s strategic planning as a discrete consideration. The strategic planning involves Regional Training Provider personnel, GP supervisors and trainees.
• There is adequate resourcing of the Prevocational Education and Training Program in order to deliver the program objectives. This includes:
  • Funding
  • Educational infrastructure
  • Appropriately qualified educational and administrative staff

Integrated Governance Structure
• The Regional Training Provider ensures that trainees are aware of who is responsible for the prevocational education and training program.
• The Regional Training Provider has documented agreements with feeder hospitals and general practices that clearly define the roles and responsibilities for the Prevocational Education and Training Program and its trainees.
• The Regional Training Provider collects the view of stakeholders, including feeder hospitals, general practices and trainees, and uses the information to guide improvements.
• There are systematic communication protocols between general practices, the regional training provider and feeder hospitals.

Guidelines
• This standard may be achieved in part by forming a committee representing the relevant stakeholders that has oversight for the prevocational education and training program. It would meet regularly to provide advice and recommendations for the program and to support the Director of Prevocational Education and Training.
• This standard may be achieved in part by participation in the existing network communication structures such as the General Clinical Training Committee and the Network Committee meetings.

Indicators

Feedback
• Trainees are aware of who has responsibility for the Prevocational Education and Training Program.
• Regional Training Providers, general practices and feeder hospitals are aware of their roles and responsibilities in relation to trainees and the Prevocational Education and Training Program.

Evidence
• Strategic planning documents specifically relating to the PETP
• Budgets that include the PETP
• Documentation of agreement between Regional Training Providers, feeder hospitals and general practices
• Documentation demonstrating that the stakeholder feedback is being used to inform and implement changes, including feedback collected
• Evidence of formal communication mechanisms/structures established between practices, regional training provider and feeder hospitals
Standard Mapping
ACRRM standards for Regional Training Providers Recognition: Standards 1, 3, 4, 6 and 7
RACGP standards for General Practice Education and Training Programs and Providers: P16, 18 – Part 2
Prevocational Medical Accreditation Framework Governance Standards: 1, 2, 3, 6, 7
CETI Hospital Criteria: 3.1.1, 3.4.1, 3.4.2, 3.4.4
Standard 3

The Regional Training Provider has policies and processes that support key aspects of the general practice prevocational education and training program.

Purpose
The intention of this standard is to ensure that well considered policies and processes are supporting the Prevocational Education and Training Program.

Criteria
- The policies and processes are clearly written, accessible to GP supervisors and trainees, and include reference to national and jurisdictional guidelines.
- The Regional Training Provider consults and assesses any proposed changes to the placement, general practice, prevocational education and training program and its supporting structures and policies for impact on the prevocational trainees, general practices and feeder hospitals.

Guidelines
- The key aspects of the program that would be covered by policies include:
  - program governance
  - orientation
  - supervision
  - trainee welfare, workload and protected training time
  - feedback and assessment
  - grievance management
  - evaluation
  - access to professional development opportunities

Indicators

Feedback
- GP supervisors and trainees are aware of policies and processes and can describe how to access them.

Evidence
- Policies and process documents relating to the Prevocational Education and Training Program

Standard Mapping
ACRRM standards for Regional Training Providers Recognition: Standard 3, 9
Prevocational Medical Accreditation Framework Governance Standards: 9,10
CETI Criterion: 1.1.1, 1.2.1, 1.2.3, 2.5.1, 3.1.1, 3.1.2 and 3.4.1
Standard 4

The Regional Training Provider provides adequate staff with appropriate clinical and educational expertise to plan, coordinate and administer the general practice prevocational education and training program.

Purpose
The intention of this standard is to ensure that the general practice prevocational education and training program has a high standard of administration and delivery.

Criteria
• The RTP manages human resources to ensure staff:
  • have clear roles and responsibilities
  • are given adequate authority and time
  • have appropriate skills and expertise
• There is a core group of staff with general practice educational expertise who work at least 2 sessions each week in general practice.

Guidelines
• The RTP will ensure staff have opportunities for professional development.

Indicators
Feedback
• Relevant Regional Training Provider staff report that they:
  • Have clear roles and responsibilities relating to the Prevocational Education and Training Program
  • Are given adequate authority and time to carry out their roles and responsibilities

Evidence
• Position descriptions of relevant staff
• Documentation including programs for education in general practice
• Documentation demonstrating that medical educators work at least two sessions per week in a general practice

Standard Mapping
ACRRM standards for Regional Training Providers Recognition: Standard 6
RACGP standards for General Practice Education and Training Programs and Providers: P18 – Part 1, 3, 4 and P20.
Prevocational Medical Accreditation Framework Governance Standards: 5
Prevocational Medical Accreditation Framework Training and Education Standard: 7
Standard 5

The Regional Training Provider ensures the prevocational trainees access to a region wide training program.

Purpose
The intention of this standard is to ensure that trainees are provided with overarching formal education and training that is not limited to the formal teaching within the term.

Criteria
- The program addresses the learning outcomes of the Australian Curriculum Framework for Junior Doctors.
- The delivery of the program fits with the best educational principles.
- Where the program is delivered by the Regional Training Provider, the program is:
  - planned, promoted and evaluated
  - developed with consideration of the feeder hospital’s formal education program
  - a flexible format that maximizes attendance, participation and effectiveness
  - delivered in paid time and quarantined from service responsibilities.
- Trainees are entitled to at least eleven hours per term of region wide training.

Guidelines
- The program may be:
  - provided by allowing trainees to access the hospital based education and training program
  - delivered locally within the practices
  - based on and or be part of the registrar training program
- The eleven hours of training represents an average of one hour per week of formal education that is not term based.

Indicators

Feedback
- Trainees are aware of and report attending at least 11 hours of quarantined region wide training.

Evidence
- Documentation detailing the program provided, such as a program of topics
- Evaluation documentation, showing data collected and the use of this data in improving the program

Standard Mapping
ACRRM standards for Regional Training Providers Recognition: Standard 7
RACGP Standards for General Practice Education and Training Programs and Providers: P5, P7, P8
Prevocational Medical Accreditation Framework Training and Education: Standard 2
CETI Criterion: 2.2.1, 2.3.1
Standard 6

The Regional Training Provider monitors, evaluates and improves key aspects of the prevocational education and training program.

Purpose
The intention of this standard is to ensure that the program of prevocational education and training is evaluated and that the data collected is used to guide improvements.

Criteria
- Key aspects evaluated at the end of each clinical term are:
  - orientation
  - access, equity and effectiveness of the regional education program, clinical based training and experiential learning
  - access and range of information resources
  - effectiveness of the supervision
  - effectiveness of feedback and assessment
  - management of the program and trainees at a general practice and Regional Training Program level
  - self-care and performance remediation programs
  - trainee working conditions (working hours, workload, OHS)
  - physical amenities
- The written data collected is de-identified to maintain the confidentiality of the trainees and GP supervisors.
- The Regional Training Provider will review the evaluation data, develop recommendations and work with general practices to implement change.
- The Regional Training Provider will present a summary of the data and recommendations to the feeder hospital's General Clinical Training Committee and the general practice.

Guidelines
- The data would be provided to the GP supervisor and general practice annually.

Indicators

Feedback
- Trainees report completion of evaluation.
- General practices are aware of the evaluation process and its outcomes.

Evidence
- Documentation of the evaluation process including de-identified data collected
- Documentation demonstrating that the data is being used to inform and implement changes
- Minutes from the feeder hospital General Clinical Training Committee showing evaluation data summary and recommendations have been provided

Standard Mapping
ACRRM standards for Regional Training Providers Recognition: Standard 5, 7, 10
RACGP standards for General Practice Education and Training Programs and Providers: P11, P19
Prevocational Medical Accreditation Framework Training and Education: Standard 6
CETI Criterion: 1.1.3, 1.2.5, 1.3.6, 2.2.3, 2.3.2, 2.4.4, 2.5.6, 2.6.3, 3.1.5, 3.2.3, 3.3.3, 3.5.2
Standard 7

The Regional Training Provider ensures the trainees are supported by a Director of Prevocational Education and Training.

Purpose
The intention of this standard is to ensure that all trainees have access to and are supported by a Director of Prevocational Education and Training.

Criteria
- The position description is consistent with CETI’s requirements.
- The Director of Prevocational Education and Training:
  - directs the education and training of trainees
  - provides support and advocacy to trainees
  - is available for consultation and regularly communicates with the trainees about their performance
  - supports and communicates with GP supervisors
  - has regular communication with the feeder hospital’s Director of Prevocational Education and Training about the rotated trainees
- The DPET will meet face to face with trainees and monitor the trainees and the program throughout the term.

Guideline
- This role can be split when trainees are separated geographically to ensure they are well supported.
- The Regional Training Provider can utilise the Director of Prevocational Education and Training from the closest accredited hospital. Roles and responsibilities must be documented.

Indicators
Feedback
- Trainees report meeting the DPET face to face.
- DPET understands the role and reports regularly communicating with trainees, GP supervisors and hospital DPETs.
- GP supervisors report communicating with the DPET.

Evidence
- Position description for the DPET
- Documentation of roles and responsibilities if the role is split according to guidelines

Standard Mapping
ACRRM Standards for Regional Training Providers Recognition: Standard 3, 7
Prevocational Medical Accreditation Framework Training and Education: Standard 1
CETI Criterion: 3.4.3
Standard 8

The Regional Training Provider supports prevocational trainees, monitors their wellbeing and encourages them to take responsibility for their self-care.

Purpose
The intention of this standard is to ensure that the welfare of trainees is monitored and supported and that self-care is encouraged.

Criteria
• The Regional Training Provider:
  • provides trainees with opportunities for out of practice group contact regularly
  • has processes for identifying placement problems that may lead to trainee difficulties such as trainee isolation
  • has processes that enable GP supervisors to identify “at risk” trainee behavior
  • facilitates accessing the feeder hospital’s personal support mechanisms and encourages trainees to utilize them
  • maintains the confidentiality of prevocational trainees seeking or receiving personal support
  • The Regional Training Provider resolves grievances raised by trainees in a timely manner and informs the relevant trainees of outcomes.

Guidelines
• Out of practice contact can occur as part of a region wide training program or during attendance at the feeder hospital training program.
• Out of practice contact can occur in person or remotely by teleconference or other means.

Indicators
Feedback
• Trainees report that they have had out of practice group contact.
• Trainees can describe how to access feeder hospital support mechanisms and feel comfortable doing so.
• Trainees who have had grievances have been informed of the outcome of the process.
• GP supervisors can describe the process to identify at risk trainee behaviour.

Evidence
• Documentation of processes for identification and management of ‘at risk’ trainees
• Documentation of processes for identification of placement problems
• Copy of grievance policy and process and documentation of past grievance processes

Standard Mapping
ACRRM standards for Regional Training Providers Recognition: Standard 7
RACGP standards for General Practice Education and Training Programs and Providers: P31
Prevocational Medical Accreditation Framework Training and Education: Standard 8
CETI Criterion: 3.5.1
Standard 9

The Regional Training Provider identifies and supports underperforming Prevocational Trainees.

**Purpose**
The intention of this standard is to ensure that underperforming prevocational trainees are identified and supported.

**Criteria**
- The GP supervisor and Director of Prevocational Education and Training monitor the trainees and advise the Regional Training Provider when issues arise.
- The Regional Training Provider works with the feeder hospital and their Director of Prevocational Training to assess trainee issues and develop support structures and remediation strategies that support the trainee both at the practice and on return to the feeder hospital.
- The Regional Training Provider has:
  - documented processes to identify and manage trainees in difficulty that assess the issues and provide structured support and or remediation
  - documented processes that manage trainees whose progress after support and or remediation remains unsatisfactory
  - systems to communicate with the GP supervisor and feeder hospital about trainee performance issues

**Guidelines**
- The feeder hospital is responsible for the trainees’ overall performance and provides information to the Australian Health Practitioner Regulation Agency.
- The feeder hospital has a responsibility to provide RTPs with information about trainee performance before the commencement of the term, where this is relevant.

**Indicators**

**Feedback**
- GP supervisor and RTP and Feeder Hospital DPETs can describe:
  - the processes to identify and manage trainees in difficulty
  - the processes for management of trainees whose progress after support and or remediation remains unsatisfactory
  - systems of communication with the GP supervisor and feeder hospital

**Evidence**
- Documentation of process to identify and manage trainees in difficulty
- Documentation of systems of communication with GP supervisors and feeder hospitals about trainee performance issues

**Standard Mapping**
- ACRRM Standards for Regional Training Providers Recognition: Standard 7
- RACGP standards for General Practice Education and Training Programs and Providers: P10, P31
- CETI Criterion: 2.5.5, 3.2.1, 3.2.2
Standard 10

The Regional Training Provider ensures all doctors providing clinical supervision and training to prevocational trainees are educated and supported in that role.

Purpose
The intention of this standard is to ensure that the supervision provided to prevocational trainees is of a high standard.

Criteria

Supervision
- The Regional Training Provider ensures that competencies, duties, responsibilities and authority of doctors supervising trainees are clearly documented and accessible.
- The Regional Training Provider provides opportunity for development of doctors’ supervisory skills, monitors these skills and provides regular feedback.

Training
- GP supervisors have the knowledge and skills to undertake their role.
- The Regional Training Provider documents GP supervisors’ responsibilities and duties.
- The Regional Training Provider supports GP supervisors’ professional development needs, provides them with opportunities to meet other GP supervisors and develop supervision and training skills.
- The Regional Training Provider monitors and provides doctors with opportunities to develop teaching skills, and provides feedback.

Guidelines
- “All doctors” includes those working as casuals and locums.
- Registrars are encouraged and supported to take an education role with trainees and, in addition, senior registrars (GPT3/GPT4) are encouraged to assist with supervision.

Indicators

Feedback
- Supervisors indicate that they have received opportunities to attend training and professional development sessions.
- Supervisors understand their role and are aware of their responsibilities and duties.

Evidence
- Role descriptions of supervisors outlining the competencies, duties, responsibilities and authorities of doctors
- Documentation of education provided to supervisors
- Documentation of the supervisory skills feedback process

Standard Mapping
ACRRM Standards for Regional Training Providers Recognition: Standard 6, 10
RACGP Standards for General Practice Education and Training Programs and Providers: P32, P33, P35-P38, P40
Prevocational Medical Accreditation Framework Training and Education: Standard 4
CETI Criterion: 1.3.4, 1.3.5, 2.4.1, 2.4.2
Standard 11

The Regional Training Provider ensures that accommodation provided has a high level of amenity.

Purpose
The intention of this standard is to ensure that appropriate accommodation provided to trainees and that it is of a high standard.

Criteria
• The Regional Training Provider ensures that accommodation is provided for trainees when it is not feasible or safe to travel to or from their primary residence.
• The Regional Training Provider ensures that each trainee is provided with clean, safe and accessible accommodation that includes:
  • a separate bedroom that is private and comfortable, and furnished to function as both a bedroom and study
  • a suitable sitting room that includes a telephone (with STD facilities) and a television
  • adequate access to the internet
  • private bathroom facilities
  • adequate clothes washing, drying and ironing facilities
  • a kitchen with appropriate amenities to store, refrigerate, prepare and serve food
  • Appropriate heating and cooling facilities

Indicators
Feedback
• RTP reports that accommodation is available for trainees use when it is not feasible or safe for them to travel
• Trainees report that accommodation is available and of a high level of amenity

Evidence
• Photographs of accommodation

Standard Mapping
CETI Criterion: 3.6.1, 3.6.2